

COLONNADE INSURANCE S.A. – BULGARIA BRANCH

GROUP BUSINESS TRAVEL INSURANCE

POLICY WORDING 006-01032026



These General Terms and Conditions have been approved by the Insurer from 01.03.2026 and shall enter into force on the date of their approval.

These General Terms and Conditions, all applications and additions to this insurance are an integral part of the insurance contract between the Insurer and the Insured.

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SECTION I. GENERAL POLICY CONDITIONS

1. Operative Time Of Cover

1.1. The Insurer's liability is limited to the coverages and their respective insurance amounts specified in the Insurance Policy. The insurance amount for each coverage is for each individual Insured.

1.2. The total payable amount for the insurance coverages included in the Insurance Policy, covering more than one event resulting from a single Accident, cannot exceed the total Insurance amount specified in the Insurance Policy. The total payable amount is calculated by adding the amounts covering each Bodily Injury.

1.3. If the claim for payment exceeds the Limit for each individual event stated in the Insurance Policy, the Insurer will pay an amount that is proportionally reduced, so that the total amount does not exceed the limit specified in the Insurance Policy.

1.4. The Insurer provides coverage for events occurring within the period of insurance coverage specified in the insurance policy, which may be:

OT1 - Business Travel Outside Bulgaria and Outside Permanent Country of Residence

While an Insured Person is on a Business Trip outside Bulgaria or outside permanent Country of residence cover starts from the time of leaving place of residence or place of work in Bulgaria and permanent Country of residence whichever occurs last, until return to place of residence or place of work in Bulgaria and permanent Country of residence whichever occurs first.

OT2 - All Travel Outside Bulgaria and Outside Permanent Country of Residence

While an Insured Person is on a Trip outside Bulgaria and Permanent Country of Residence, cover starts from the time of leaving place of residence or place of work in Bulgaria and Permanent Country of Residence whichever occurs last, until return to place of residence or place of work in Bulgaria and Permanent Country of Residence, whichever occurs first.

2. Change of the risk

2.1. The Policyholder immediately must notify the Insurer of any significant change in its activities during the Term of the insurance, including acquisition, incorporation or disposal of companies or operations. The Insurance covers such changes only with the prior written consent of the Insurer.

2.2. The Insurer is obliged to announce to the Insurer all newly occurred circumstances for which the Insurer has raised a question in writing at the conclusion of the contract. The announcement of the circumstances must be made immediately after becoming aware of them. In case of deliberately inaccurate announcement or omission, the Insurer has the right to change the conditions of the insurance (including by limiting the coverage and/or requiring an additional premium), to terminate it early and/or to refuse compensation in compliance with the Insurance Code, and in case of unknowingly inaccurate announcement – to change the conditions of the insurance, to terminate it early and/or to reduce the compensation in compliance with the Insurance Code.

3. Cancellation of the insurance

3.1. The Insurer and the Policyholder can cancel this Policy by giving written notice 30 days before the end of the Period of Insurance.

3.2. If the cancellation happens, the premium for the period up to the date when the cancellation takes effect will be calculated and any unearned portion of the premium paid will be returned. If the Policyholder cancels this policy the premium paid will be returned subject to a minimum retention of 25% of the annual premium or retaining a pro-rata premium, whichever the greater, provided no claim has been paid or is payable and no Accident has occurred which could give rise to a claim under this policy.

3.3. An Insured Person cannot cancel this policy.

4. Payments

All payments under this policy will be effected in EUR or in any other currency as may be agreed or as appropriate.

5. Premium

The insurance premium is defined in accordance with the Insurer's tariff. The insurance premium or the first installment of the premium must be paid by the Policyholder to the Insurer within 30 days as of the effective date of the insurance contract, unless agreed otherwise. If the insurance premium or the first installment of the premium is not paid within 30 days as of the effective date of the insurance contract or as agreed, it shall be deemed that as of the date of its conclusion the insurance contract has not created any legal consequences for the parties. Exclusive of the hypothesis of delayed payment of the insurance premium or the first installment of the premium, in case of

non-payment of any due consecutive installment within the agreed deadline, the insurance contract may be terminated unilaterally by the Insurer after 15 days from premium due date or the installment due date.

Premium under this Policy (Premium shown on the Schedule plus Premium adjustment) shall not be less than 350 EUR or one third of the total Premium shown on the Schedule, whichever the greater, irrespective of any change in the number of travel days or in the number of the Insured Persons.

Insurance premium is taxed with 2% tax on insurance premium, as per the Law For Tax on Insurance Premiums. The sum of the tax is shown in the Insurance Policy and is due by the Policyholder. The tax is payable together with the insurance premium no later than the Premium Due Date shown in the Schedule.

6. Premium adjustment

The Premium adjustment is calculated on the basis of the difference between the estimated number of travel days (upon which Premium shown on the Schedule was calculated) and the actual number of travel days (as provided by the Policyholder) multiplied by the premium for 1 travel day by occupational categories shown on the Schedule.

The Premium adjustment shall be due and payable to the Insurer or Policyholder within 14 days after the end of Premium adjustment or earlier, if the Insurer demands.

7. Information provision

Within 14 days after the end of Period of Insurance (or earlier if requested by the Insurer) the Policyholder shall furnish the Insurer with the total number of travel days by occupational categories specified in the Schedule.

8. Assignment

The rights under this policy will not be assigned unless otherwise agreed by the Insurer in writing.

9. Failure to comply with policy conditions

Where the Policyholder or an Insured Person does not comply with any obligation to act in a certain way specified in this policy, payment of the Policyholder or an Insured Person's recovery under any claim may be affected.

10. Law and Jurisdiction

This policy, together with all appendices and endorsements, is a contract of insurance between the Policyholder and the Insurer.

It will be governed by the laws of Bulgaria and the arguments between the parties, which could not be settled by negotiations, should be referred to the competent Bulgarian court. Each interpretation of this Policy, related to its contents, validity or effect should be made in accordance with the laws of Bulgaria.

11. Notifications

Each of Insured's/Policyholder's notifications relating to the insurance must be sent to Insurer's address and/or e-mail indicated in the policy, unless the Insurer agrees otherwise in writing:

51B Cherni Vrah Blvd., Entrance B, Floor 2, FairPlay Business Center, 1407 Sofia, Bulgaria

Any message from the Insurer to the Insured shall be sent to the address specified in the insurance contract of the Insured. The Policyholder is obliged to immediately notify the Insurer in writing of any change to the address specified in the insurance contract and to communicate their new address to the Insurer. Until receipt of the notification of the address change by the Insurer, messages sent by the Insurer to the address of the Policyholder stated in the insurance contract shall be deemed served and received by the Insured with all legal consequences provided by law or the contract.



SECTION II. GENERAL CLAIMS PROVISIONS

1. Claims Evidence

1.1. The Policyholder, Insured Person or Beneficiary must provide at its or his or her own expense any evidence (including post-mortem examinations) in support of a claim. The evidence shall be in such form and of such nature as the Insurer may prescribe and may include the following documents, but not only:

- the Insurer's Claim form;
- the medical report describing the nature and extent of all injuries or sicknesses, and providing a precise diagnosis;
- in case of medical expenses claim – all invoices and receipts, which will permit the Insurer to determine the total amount of medical and other expenses incurred by the Insured Person;
- in the case of death – an official death certificates (or certified copy), and legal documents establishing the identity of any and all Beneficiaries, as the Insurer may request other documents certifying the specific cause of death;
- police reports, or any other authority reports, if available.

1.2. Insurer (as per Bulgarian Insurance Code), can request and receive from the claiming person other documents or materials (besides the ones described above) that are related to the insurance event and are necessary for the accurate determination of the benefits payable for the claim.

1.3. The Insurer determines the amount of the indemnity on the basis of the evidence provided and up to the limits specified in the Insurance Policy.

1.4. The insurer, within 15 (fifteen) working days from the submission of the evidence establishing the basis and amount of the claim, pays an insurance indemnity or reasonably refuses payment, notifying the claimant of the reasons for the refusal for full or partial payment.

1.5. The payment of the insurance indemnity is made by bank transfer, to a bank account specified in advance in writing by the Insured person, and the costs of transferring the compensation are at the expense of its recipient. All amounts and indemnities due under the insurance shall be paid in EUR.

1.6. In the event that an Insured person fails to fulfill your obligation under these General Terms and Conditions, the Insurer has the right to reduce or refuse compensation.

2. Claims Notification

The Policyholder, Insured Person or Beneficiary must inform the Insurer in writing as soon as possible of any potential claim but in any case within 30 days of such occurrence. Notice of death must be given forthwith.

If the Insurer is not informed in time regarding any insurance event connected with a risk covered by the Policy, the Insurer can decline claim payment or can decrease the size of the benefit payable if the delay has exercised influence upon the size of the damages.

3. Medical examination

The Insurer may request an Insured Person to undergo medical examinations in connection with any claim at the Insurer's expense.

4. Fraud

4.1. If any claim under this Policy is in any respect fraudulent, all benefits payable will be declined by the Insurer and the person performing fraudulent act will be given up to the competent authorities to assume responsibility for his or her actions, as per the Bulgarian legislation. Fraudulent is any action or inaction that misleads or supports existing aberration with representatives or employees of the Insurer regarding the insurance event, the size of the payable benefit or regarding other circumstances that are important for the right to receive insurance ben.

4.2. If there is any doubt regarding the right of the Insured person or the Beneficiary to receive the benefit, the Insurer has the right to delay a claim payment until he receives evidences that prove the opposite. If there are legal proceedings against the Insured Person or Beneficiary regarding the insurance event, the Insurer has the right to delay claim payment until the legal proceedings are over.

5. Reasonable Care

The Policyholder and each Insured Person must take all reasonable steps to avoid and/or minimize any loss or damage and must also make every reasonable effort to recover any property covered by this policy which has been lost or stolen.

6. Other Insurances

If at the time of a claim there is another insurance policy in the Policyholder's name which covers the Policyholder or the Insured Person for the same expense or loss, the Insurer will only pay a proportion of the claim, determined in proportion to the cover provided by each of the policies, except for the covers in Section A, which are payable in full.



SECTION III. GENERAL POLICY EXCLUSIONS

1. The Insurer will not pay any claim which is directly or indirectly caused by or contributed to or arising from:
 - Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any waste from the combustion of nuclear fuel;
 - The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component;
 - The dispersal, application or the release of pathogenic or poisonous biological or chemical materials;
 - War (whether declared or not) and Terrorism unless agreed by the Insurer in writing;
 - Active participation in violent acts, strikes, riots, civil unrest, riots, public order disruptions and other similar activities;
 - Intentional self-injury, suicide or attempted suicide, criminal act or attempts to commit a criminal act;
 - Flying except whilst travelling as a commercial passenger on a Scheduled Flight or charter flight;
 - An Accident proved to have occurred due to the influence of alcohol and/or any drug or drugs not prescribed by a medical practitioner and/or where any prescribed drugs have been taken contrary to manufacturer's instructions;
 - AIDS/HIV, or any sexually transmitted disease;
 - Active participation in any hazardous and extreme sport including, but not only limited to parachuting, hangliding, para-sailing, off-piste skiing, scuba diving, potholing and bungee jumping unless otherwise agreed by Insurer in writing;
 - Service or training in military, semi-military, police (security) bodies or organizations or the result of such actions, whether the event occurred during a leave or an Insured Person was wearing a uniform at the onset of the event. Upon further written consent, the Insurer may cover damages incurred as a result of such risks;
 - Any Bodily Injury or Sickness that existed prior to the Period of Insurance.
 - Bodily injury, death and Disability that result or are due to:
 - a) Sickness (that is not due to Bodily injury);
 - b) A naturally occurring or degenerative process.
 - Any intentional actions by an Insured Person or by intentional actions of a Family member of the Insured Person;
 - Committing a crime, or attempting to commit a crime by the Insured person or their Relatives; an act (action or inaction) that constitutes a criminal offense or an administrative violation, regardless of whether relevant proceedings have been initiated and an act has been issued confirming it;
 - The insurer is not responsible for damages occurring outside the agreed Period of insurance specified in the insurance policy;
 - The insurer's liability is not engaged in cases of losses or damages related to Emergency medical expenses when traveling abroad and expenses for emergency travel and Rescue operation costs in situations where:
 - The insured person travels against medical advice not to undertake travel;
 - The purpose of the travel is for health examination or obtaining medical treatment;
 - within two months before the expected date of birth, if the insured person is pregnant and the Physical injury or Illness is a result of or has occurred in connection with the pregnancy.
 - No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations' resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America, Canada, Luxembourg and Bulgaria.



SECTION IV. INSURANCE COVERS

1. Medical and Emergency Travel Expenses

- 1.1. If during the Trip abroad the Insured Person sustains Bodily Injury or Sickness during the Period of Cover and the Period of Insurance, the Insurer will pay to the Insured Person for the Emergency Medical Expenses and Emergency Travel Expenses that are direct result of the insurance event.
- 1.2. Insurer will pay for the expenses incurred up to 1 year from the date of Bodily Injury or first diagnosis of the Sickness while the Insured Person is abroad during the trip, up to the sum insured for the cover shown in the Schedule in excess of any Deductible
- 1.3. The Policyholder or the Insured Person should contact the Assistance Company as soon as possible if the Bodily Injury or Sickness results in the need for in-patient hospital treatment. The Insurer has the right to refuse to pay compensation or to reduce the amount of compensation for the cover if the Policyholder or the Insured Person has not contacted the Assistance Company.

1.4. Dental expenses are covered up to the sum insured for this cover as stated in the Schedule if they are result from Bodily Injury or sudden and unexpected pain requiring immediate treatment. The Insurer will not pay compensation for permanent teeth crowns or artificial teeth. Emergency dental expenses are covered up to the amount of the insured sum under the coverage 'Emergency dental expenses while traveling abroad' from the insurance policy.

1.5. Medical expenses for travel abroad due to Covid 19 are covered, up to the amount of the Sum Insured specified in the Insurance Policy for coverage Emergency medical expenses for travel abroad and expenses for emergency travel. Coverage of medicines, medical treatment, transport and hospitalization, including Covid-19 test, if prescribed by a doctor or by the relevant competent authorities.

1.6. Costs for mandatory quarantine abroad due to Covid-19, imposed by an official local authority.

a) In case the Insured is quarantined during the travel abroad, the Insurer will cover the additional expenses incurred outside the territory of the Republic of Bulgaria for accommodation in a hotel or apartment, food and transport to the accommodation, as well as expenses for changing the route when traveling abroad, unless they are no longer subject to other insurance, provided that the quarantine is imposed by an official local authority and is not the initiative of the insured person.

b) The maximum limit of compensation for coverage Costs for mandatory quarantine abroad due to Covid-19 is EUR 500 for one insured person and EUR 1000 for a group of insured persons (2 and more persons).

c) The right to compensation for events resulting from Covid-19 shall be evidenced by a medical document, confirmation by the relevant competent authorities, a positive Covid-19 test or notification by communication from the relevant competent authorities.

d) The coverage is valid provided that the quarantine is imposed by an official local authority and not initiated by the insured person.

2. Rescue Expenses

2.1. If an Insured Person sustains Bodily Injury or Sickness during the Operative Time and the Period of Insurance, the Insurer will reimburse the Policyholder or an Insured Person for Rescue Expenses reasonably and necessarily incurred as a direct result, up to the Sum Insured in the Schedule.

2.2. Rescue Expenses include:

a) The cost of transportation by any suitable means to an appropriate medical facility or to an Insured Person's Place of Residence in Bulgaria or Permanent Country of Residence as recommended by the Insurer's appointed medical advisor in conjunction with the local attending Medical Practitioner, which transportation is performed in order to rescue the Insured Person;

b) In the event of death: the costs of transportation of the body or ashes and the Insured Person's personal effects back to Bulgaria or Permanent Country of Residence;

c) The costs of funeral expenses outside Bulgaria or an Insured Person's Permanent Country of Residence up to a insured sum, defined in the Insurance Policy.

2.3. The Insurer or the Insured Person must contact the Assistance Company as soon as possible if the Bodily Injury or Illness requires hospital treatment or urgent rescue. If the rescue is not carried out by the Assistance Company, its cost must be approved by the Assistance Company; otherwise, the expenses may not be reimbursed, except in exceptional circumstances when it is unreasonable to expect contact with the Assistance Company for approval.

2.4. If the medical consultant of the Insurer and the Doctor present at the scene of the rescue operation allow the Insured Person to be transported back to their home in the Republic of Bulgaria or the Country of permanent residence, and the Insured Person refuses, the Insurer is not responsible for the Medical expenses incurred after the date on which the transportation was supposed to take place.

3. Assistance Services

3.1. The network of the Assistance Company's offices is available whenever an Insured Person travels within the Operative Time and Period of Insurance. If Medical Assistance is required at any time the Emergency Helpline (24 Hour) should be called.

Emergency phone number +359 2 921 01 00 (24 hours)

When the Assistance Company is contacted for assistance, the following information should be provided:

- The Insured Person's name and Policy number;
- The telephone, fax or telex number where an Insured Person can be reached;
- The Insured Person's address abroad;
- The nature of the emergency;
- The name of the Insured Person's employer (the Policyholder), company or organization.

3.2. With regard to all the conditions for medical assistance listed below, the terms of this insurance shall apply.

3.3. The provided Medical Assistance services are:

Medical Staff	A highly qualified team of medical consultants and nursing staff, available at any time to ensure that the most appropriate medical treatment is provided.
Medical advice and referral	Assistance Company will provide the following services to the Insured Person: • medical advice to the Insured Person over the telephone; • information about medical practitioners, and hospitals worldwide; • arrange Insured Person's appointment with medical practitioners; • arrange Insured Person's hospital admission.
Direct Billing	Where appropriate Assistance Company will arrange direct billing with hospitals worldwide, avoiding the need for the Insured Person to use the Insured Person's own cash or credit card.
Air Ambulance	Repatriation or transport to a medical institution by air ambulance or scheduled airline or other suitable means depending on the circumstances of the case and if appropriate with a fully equipped medical team in attendance. On return, suitable transportation will take an Insured Person to hospital or home address whenever necessary.
Emergency Medical Supplies	Help locate and send essential medicines or medical by-products if unavailable locally.
Advise for medical and visa requirements during Trip abroad	Assistance Company will provide information concerning visa and vaccination requirements for foreign countries.
Advice on Lost Luggage, Passport, Documents or Tickets	In the event that the Insured Person's luggage, passport, documents or tickets are lost or stolen while travelling overseas, Assistance Company will provide general advice to the Insured Person.
Emergency Message Transmission	In the event of an emergency or a hospital confinement, Assistance Company will keep the Insured Person's immediate family informed. Assistance Company will co-ordinate any necessary communication with the Travel Agent.
Arrangement of Hotel Accommodation	Assistance Company will provide information concerning hotel facilities, services and rates for an Insured Person, a replacement business colleague or family member who has travelled to be at the bedside of the Insured Person. Assistance Company will book the hotel room and confirm details with the hotel prior to the expected date of arrival.
Arrangement of Compassionate Visit	Assistance Company will arrange for return airfare for a member of the immediate family relative or friend of the Insured Person to visit an Insured Person who, when travelling alone, has been hospitalised outside the Permanent Country of Residence for more than five days.
Arrangement of Return of Minor Children	<i>Assistance Company will arrange for the return of minor children (aged 18 or under) to their Permanent Country of Residence if they are left unattended as the result of the Insured Person's Bodily Injury, Sickness, or emergency transportation.</i>

4. Legal Expenses

4.1. The Insurer will pay to an Insured Person up to the Sum Insured in the Schedule for Legal Expenses incurred by or on behalf of an Insured Person in pursuit of a claim for damages and/or compensation against a third party who has caused Bodily Injury to, or death or Sickness of, that Insured Person by an incident occurring during the Operative Time and Period of Insurance outside the Republic of Bulgaria.

4.2. Legal Expenses include:

- Any fees, expenses and other amounts charged by the Appointed Representative in connection with any claim or legal proceedings, including costs and expenses of expert witnesses as well as those incurred by the Insurer in connection with any such claim or legal proceedings;
- Expenses that the Insured person must pay as a result of cost assignment by a court or arbitration, as well as expenses that must be paid in the case of an out-of-court settlement of a claim or dispute for damages and/or compensation against a third party that has caused Bodily Injury, death, or Illness to the Insured person;
- Fees, costs, and other amounts reasonably incurred by the Appointed representative in appealing or defending against a complaint regarding a court or arbitration decision, or act of a competent authority during court, pre-trial, administrative or arbitration proceedings in asserting a claim for damages and/or compensation against a third party that has caused Bodily Injury, death, or Illness to the Insured person.

4.3. Specific Claims Conditions applicable to the cover

a) The Insured Person must first obtain the Insurer's written consent to pay Legal Expenses. This consent will be given if an Insured Person can satisfy the Insurer that:

- there are reasonable grounds for pursuing the legal proceedings;
- it is reasonable for Legal Expenses to be provided in a particular case.

b) The decision to grant consent will take into account the opinion of an Appointed Representative as well as that of the Insurer's own advisers. The Insurer may also request, at an Insured Person's expense, an opinion of a lawyer or firm of lawyers on the merits of the claim or legal proceedings. If the claim is admitted, an Insured Person's costs in obtaining this opinion will be covered by this insurance.

c) All claims or legal proceedings including any appeal against judgement resulting from the same original cause, event, or circumstances, will be regarded as one claim.

d) If an Insured Person is successful in any action, any Legal Expenses provided by the Insurer will be reimbursed to the Insurer.

4.4. Exclusions additionally applicable to the cover:

In addition to the exceptions established in the Section 'General Policy Exclusions', the Insurer's liability is not engaged in the following cases:

- Legal Expenses incurred in the defense of any civil claim or legal proceedings made or brought against the Insured Person;
- Fines or other sanctions imposed by criminal, administrative, or regulatory proceedings against the Insured person;
- Legal Expenses incurred in connection with any criminal, administrative, or regulatory proceedings against the Insured person;
- Legal Expenses incurred in pursuing any claim against any travel agent, tour operator, insurer or their agents;
- Claim or circumstance notified more than two years after the incident from which the cause of action arose;
- Legal expenses incurred by the Insured when filing a claim against the Insurer, the Underwriter, or any person involved in the settlement of this insurance, as well as against related persons as defined in §1. of the Commercial Law.

5. Personal Liability

5.1. The Insurer will indemnify an Insured Person for any legal liability incurred by that Insured Person during a Trip during the Operative Time and Period of Insurance as the result of Bodily Injury or Sickness of any person, or Accidental loss or damage to the property of any person, up to the Sum Insured in the Schedule which is an aggregate limit for all losses under this policy occurring during each Period of Insurance.

5.2. Provisions applicable to the cover:

a) In addition the Insurer will pay all costs and expenses incurred, with the written consent of the Insurer, in connection with the defense of any claims against an Insured Person which may be the subject of indemnity under this cover;

b) No admission of liability, offer, promise or payment will be made without the written consent of the Insurer;

c) The Insurer will, if it considers it necessary, take over and conduct the defence or settlement of any claim against an Insured Person and for that purpose can use the Insured Person's name. The Insurer can conduct the defence however it sees fit. The Insurer can prosecute at its own expense and for its own benefit, any claim for indemnity or damages against any other persons;

d) The Insured Person will give the Insurer full assistance in defending or prosecuting any claim and will provide the Insurer with any information and documents available to him.

5.3. Exclusions applicable to the cover

The Insurer will not pay for any liability which is the result of:

- Bodily injury to, or illness or disease of, any person who is an employee of the Policyholder;
- Bodily injury to, or illness or disease of an Insured Person when injury results from their employment by the Policyholder or an Insured Person;
- Liability arising directly or indirectly by or through, or in connection with, any motorized craft;
- Liability arising directly or indirectly by or through or in connection with:
 - the ownership, possession or occupation of land,
 - any deliberate or unlawful act,
 - the carrying on of any trade, business or profession,
 - any sport racing activity.
- Accidental loss or damage to property belonging to, held in trust by, or in the custody or control of the Policyholder or an Insured Person or any of their employees or any member of an Insured Person's family or household;
- Liability attaching to the Policyholder or an Insured Person under an express term of any contract, unless liability would arise whether or not the express term existed;
- Liability for which payment should be more specifically claimed under any other contract of insurance in the name of the Policyholder or an Insured Person;

- Any claim where an Insured Person is insane or which results from an Insured Person being under the influence of or affected by drugs (other than drugs taken under the direction of a Medical Practitioner), alcohol, or solvents;
- Any claim resulting from any Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related condition, or sexually transmitted disease suffered by an Insured Person;
- Liability in respect of fines, penalties or liquidated damages, punitive exemplary or aggravated damages.

6. Personal Property

6.1. Loss, theft or damage of Personal Property

In case a Personal item of the Insured person is lost, stolen or damaged while Traveling abroad during the Coverage Period and the Term of the insurance, the Insurer compensates the Insured person for the costs of obtaining a replacement item or repairing the item, up to the amount specified in the Insurance policy for the coverage.

6.2. Baggage Delay during Trip

If the Insured Person's Personal Property is temporarily lost for more than four hours during the outward or onward journeys of the Trip, the Insurer will reimburse the cost of buying essential and reasonable replacement items up to the policy limits. If the Personal Property which has been temporarily lost becomes permanently lost and this results in a claim, the Insurer will deduct the amount already paid for temporary loss from the final payment.

6.3. Loss or damage of important Personal Documents

If during the Operative Time an Insured Person loses or damages his or her passport, identification card, driver's license, car registration, visa, money, travel tickets or other essential travel documents, the Insurer will indemnify the Policyholder or an Insured Person for the reasonable and necessary costs of replacing them including additional travel and accommodation costs, up to EUR 600.

6.4. Claims Provisions applicable to the cover

a) All claims will be subject to the Insurer at its own discretion assessing the value of the claim based on the age and estimated wear and tear of the articles that form the basis of the claim.

b) Benefit will be paid by the Insurer in excess of any payments made by a Carrier. In the event of a claim for loss or damage in transit, the Insured Person must give immediate written notice to the relevant Carrier and/or to the relevant police authority.

c) When a claim is made the Insured Person must submit the following documents:

- a copy of any declaration of loss, theft or damage to the relevant Carrier or police;
- a copy of the relevant Carrier report or police report;
- in the event of loss by Carrier – original tickets and baggage slips;
- a list of all Personal Property which was stolen, lost or damaged including the date and place of purchase and purchase value;
- original proof of purchase of the lost, stolen or damaged items, if available;
- original purchase receipts are required in the event of claims regarding goods purchased during the Trip;
- suitable proof of any actual payments made by the Carrier to the Insured Person;
- other relevant documents.

6.5. Exclusions applicable to the cover - The Insurer will not pay for:

In addition to the exceptions established in the section 'General Policy Exceptions', the Insurer's liability is not engaged in the following cases:

- Any item valued at more than EUR 1000 unless the Policyholder or an Insured Person bears the first 25% of any amount in excess of EUR 1000, up to the replacement value of the item or the Sum Insured if less;
- Loss due to chipping, scratching or breakage of glass, china or other fragile articles, unless due to fire, theft or accident to the conveyance in which they were being transported;
- Loss or damage to sports equipment whilst in use;
- Loss or damage due to:
 - moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration;
 - mechanical or electrical failure or breakdown;
 - any process of cleaning, dying, restoring, repairing or alteration;
 - loss of Money (as defined under Section B3), bonds, negotiable instruments and securities of any kind;
 - loss or damage caused by delay, detention or confiscation by order of any Government or Public Authority;
 - loss of or damage to vehicles, their accessories or spare parts;
 - Theft from a motor vehicle unless entry to such vehicle is gained by visible, violent and forcible means and theft of items in clear view;
 - Loss of or damage to Personal Property sent as freight or under an air waybill or bill of lading or via a courier.

7. Loss, theft or robbery of Money

7.1. The Insurer will indemnify the Policyholder or an Insured Person for loss or theft of Money, or financial loss suffered as the result of fraudulent use of credit, debit or charge cards during the Operative Time and Period of Insurance, up to the Sum Insured in the Schedule.

7.2. Foreign currency and travellers cheques purchased for a Trip are covered from the time of collection or 48 hours prior to departure on the Trip whichever occurs last and up to 48 hours after completion of a Trip or until deposited or cashed, whichever happens first.

7.3. Claims Provisions applicable to the cover

In the event of a claim the Insured Person must give immediate written notice:

- to the relevant police authority in the event of loss or theft;
- a copy of the relevant police report must be submitted to the Insurer when a claim is made;
- police reports must be obtained in the area where the loss occurred.

7.4. Exclusions applicable to the cover - The Insurer will not pay for:

- any loss of cash in excess of EUR 300;
- loss or theft of a credit card, charge card or cash card where the Policyholder or an Insured Person has not complied with all the terms and conditions under which the card was issued;
- shortages due to confiscation or detention by Customs or other Officials, error, omission and depreciation in value.

8. Cancellation, Curtailment and Delay

8.1. The Insurer pays an insurance compensation to the Insured or Insured Person for actual expenses incurred, up to the amount of the Insurance Sum under the coverage, if a Trip during the Coverage Period and Term of the insurance has been delayed, changed, canceled, or interrupted, as a direct result of a cause that is beyond the control of the Insured or the Insured Person.

8.2. If an Employee of the Insured has acquired a right to pension and their employment relationship is terminated earlier than 31 days before the date of the booked Trip, the Insurer reimburses the Insured all paid deposits and made advance payments for transportation costs and those for accommodation incurred due to the cancellation of the Trip, except for those that can be refunded on other grounds.

8.3. Cancellation of Trip

When the Trip of the Insured Person needs to be canceled before departure, the Insurer pays for all incurred expenses, such as paid deposits and advance payments for transport and accommodation expenses that are non-refundable for any other reason.

8.4. Interruption of Travel

When the Travel needs to be interrupted after departure, the Insurer pays for the expenses that:

- are paid or will be paid,
- are owed under a contract,
- cannot be reimbursed on any other basis.

8.5. Cancellation, interruption, or change of travel due to Covid-19

When the Travel of the Insured Person must be canceled, interrupted, or changed as a direct result of Covid-19, the Insurer covers the incurred expenses if:

- The Insured Person is placed under mandatory quarantine imposed by an official local authority as a result of a positive Covid-19 test, and the travel date falls within the quarantine period;
- The Insured Person is under home treatment or hospitalized with a Covid-19 diagnosis, as a result of which the travel cannot be carried out.

8.6. Change of travel (reservation)

When a reservation for the Insured person related to the Travel needs to be changed after departure, the Insurer reimburses the Insured person for the additional travel and accommodation expenses that are not eligible for reimbursement on any other basis, and which are necessary for the Insured person to continue the Travel or to return to the Republic of Bulgaria or to the country of permanent residence.

8.7. Travel of a replacement colleague

a) When the travel must be interrupted after departure due to reasons beyond the control of the Insurer or the Insured Person, the Insurer pays for the additional expenses necessary for travel and accommodation, up to the amount of the insurance coverage, after deducting the amount that is subject to recovery on another basis, such as the recovery of expenses:

- for returning the Insured Person to the Republic of Bulgaria or to the country of permanent residence;
- for the travel of a replacement colleague who will replace the Insured Person.

b) The coverage also includes the Travel of a replacement colleague, necessary as a result of Covid-19. The insurer pays for additional expenses required for travel and accommodation, up to the amount of the insured sum, when the Travel of the Insured person must be interrupted after departure, due to:

- The Insured person being placed under mandatory quarantine imposed by an official local authority due to a positive Covid-19 test and the date of travel falling within the quarantine period;
- Hospitalization of the Insured person diagnosed with Covid-19, as a result of which travel cannot be continued.

8.8. Delay of Travel

If due to a strike, technical obstacles, adverse weather conditions, or mechanical failure, the departure of the transportation vehicle for which the Insured person has a Travel reservation is delayed and the delay is more than 4 hours, the Insurer will reimburse the Insured person for expenses for food, drinks, accommodation, or replacement flight, up to the limits indicated in the Insurance policy under the coverage. The cost of expenses must be substantiated by the Insured person with a valid receipt. Amounts that are eligible for reimbursement on another basis (e.g., hotel accommodation or expenses for a replacement flight provided by the airline) will be deducted from the compensation due.

8.9. Reimbursement of parking costs in case of travel delay

If during the return of the Insured Person to the Republic of Bulgaria, their flight is delayed by more than 4 hours, the Insurer will cover the documented proven costs for the duration of the delay for parking the personal or company vehicle of the Insured Person left in the parking space at the airport.

8.10. Missed Flight

8.10.1. In the event that the Insured Person misses a flight due to the reasons listed below, which are outside of their control, the Insurer will reimburse documented expenses for accommodation, transfer to and from the relevant airport, and a new plane ticket.

8.10.2. Covered expenses include those incurred due to:

- a) delay of public transport by more than 1 hour, leading to the missed flight;
- b) participation in a traffic accident of a vehicle used by the Insured Person traveling to the airport on the day of the flight.

8.10.3. Expenses that are not refundable from the carrier (airline) are covered, including expenses for continuing the journey, if the airline did not provide the Insured Person with an alternative flight.

8.10.4. The value of the expenses incurred due to missing the flight must be proven with supporting documents for the expenses.

8.10.5. The following conditions must be met for compensation to be paid:

- a) The insured person must prove that they allowed enough time to reach the departure point within the recommended time;
- b) to receive written confirmation from the relevant authority, which includes the reason for missing the flight;
- c) if the event is related to damage to a personal vehicle, the insured person must demonstrate that the vehicle was in good condition and was properly maintained, and that any repair or maintenance was carried out by a licensed service.

8.11. Exclusions applicable to the cover - The Insurer will not pay any benefit if the Trip is cancelled, cut short or altered as the result of:

- an Insured Person deciding not to travel or, if on a Trip, deciding not to continue;
- redundancy or resignation of an Insured Person or the termination of an Insured Person's contract of employment within 31 days of a pre-booked Trip or once the Trip has started;
- redundancy, resignation or the termination of employment of an Insured Person, once a Trip has started;
- the Policyholder or an Insured Person's financial or business circumstances;
- the default of any provider (or their agent) of transport or accommodation, acting for the Policyholder or an Insured Person;
- regulations made by any Public Authority or Government;
- Mechanical breakdown or other failure of the means of transport (if not caused by disruption of road and rail services by avalanche, snow or flood) where the departure of a ship, aircraft or train on which the Insured Person is booked to travel is delayed for more than 24 hours;
- Industrial action where the departure of a ship, aircraft or train on which the Insured Person is booked to travel is delayed for more than 24 hours. The Insurer will not pay any benefit if the industrial action existed (or its possibility existed before the date on which the Trip was booked and advance warning had been given);
- an Insured Person travelling or intending to travel against the advice of a Medical Practitioner or for the purpose of obtaining treatment;
- any claim for cancellation following delay of a ship, aircraft or train, if an Insured Person fails to check-in according to the itinerary supplied unless the failure was itself due to industrial action;
- the delay is due to the withdrawal from service temporarily or permanently of any ship, aircraft or train on the orders or recommendation of any Port Authority, Rail Authority or Aviation Authority or any similar body in any country.

9. Accidental Death

9.1. If during the Period of Insurance an Insured Person sustains a Bodily Injury which within two years solely and independently of any other cause results in death, the Insurer will pay the Policyholder or Beneficiary the benefit shown on the Schedule subject to the conditions below.

9.2. The total benefit payable for Accidental Death will be paid in excess of any benefit actually paid for Permanent Disability, if the Accidental death arises from the same Bodily Injury.

9.3. If the Insured person goes missing and a competent authority declares them deceased, the amount specified in the Insurance policy will be paid on the condition that the Beneficiary agrees in writing that if it is subsequently

established that the Insured person is not deceased, the Insurer has the right to demand a refund of the paid amount.

9.4. Death due to adverse weather conditions will be considered as caused by Bodily injury.

10. Permanent Disability due to Accident

10.1. If during the Period of insurance coverage an Insured person suffers an Accident and the same leads to a Permanently Reduced Working Capacity, duly certified by the relevant competent authority of the medical expertise of the working capacity, the Insurer will pay a percentage of the sum insured under the coverage specified in the Insurance Policy, subject to the conditions of the insurance.

10.2. Disability as a result of the effects of adverse weather conditions will be considered to be caused by bodily injury:

10.3. Specific exceptions applicable to coverage.

In addition to the exceptions set out in the General Exclusions Section, the liability of the Insurer is not involved for claims arising directly or indirectly from:

- a) physical handicap of the Insured person, existing before the Start date of the Insurance Policy;
- b) Disease;
- c) when the Insured person reaches the age of 65 or obtains the right to a retirement pension from the Pensions Fund or the right to an invalidity pension
- d) For mental illness or mental disorders, including depression, stress, or stress-related conditions



SECTION V. DISPUTES AND COMPLAINTS

5.1. The Insurer will do anything possible to ensure the Insured/Policyholder receives service at the highest level. If, however, the Insured/Policyholder still has any comments or complaints regarding the Insurer's service, the Insured/Policyholder may contact the Insurer at the address indicated in the policy.

5.2. In order to satisfy the Insured's/Policyholder's request as soon as possible, the latter should specify the number of the policy or claim (or both). The Insurer will try to resolve any problem or difficulty that may arise. If, however, the Insured/Policyholder is not completely satisfied, they may contact the Financial Supervision Commission of the Republic of Bulgaria, responsible for the supervision of insurance business, at the following address: Sofia 1000, 16 Budapeshta Str.

5.3.

On the territory of Bulgaria disputes related to the provision of insurance services may be dealt with out of court in alternative dispute resolution proceedings before the Sectoral Conciliation Commission of the Consumer Protection Commission, at the following address: 1 Vrabcha str., Sofia 1000.

You can also request alternative dispute resolution from the Luxembourg supervisory authority, the Commissariat Aux Assurances (CAA). You can find more information on the alternative dispute resolution offered by the CAA here: https://assets-eu-01.kc-usercontent.com/65b2eb68-cf8e-0106-94e7-7fcbfbaa6c5e/ac7f2eb9-3e57-4578-8eeb-09ded62c2230/CAA_ADR_EN.pdf

Our Complaints handling procedures are based on the recommendation BoS 12/069 of the European Insurance and Occupational Pensions Authority (EIOPA).



SECTION VI. PERSONAL DATA PROTECTION

The Insurer - Colonnade Insurance S.A., Luxembourg, with the hereby notifies the users of the insurance services that:

6.1. The Insurer is a Personal Data Controller in accordance with the Regulation (EC) 2016/679 of the European Parliament and of the Council dated 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and the repeal of Directive 95/46 / EC (GDPR). The standards in terms of the data processing as set up and maintained by the Insurer are applicable also by its local branch in Bulgaria - Colonnade Insurance S.A. – Bulgaria Branch, UIC: 204603407 (Colonnade Bulgaria) as relevant data for the Insurer and Colonnade Bulgaria is available on the website of the Commercial Register (www.brra.bg). As to detail on the principles of data processing applicable in Colonnade Bulgaria such are available in the "Privacy Policy" published on its official internet site: <https://www.colonnade.bg/data-privacy-policy>.

6.2. The personal data provided by the Insured/ Policyholder shall be processed by the Insurer and Colonnade Bulgaria for the purposes of the conclusion and performance of insurance contracts, since without the provision of personal data such could not be concluded; the exercise of legal rights and interests of the parties to these contracts; for marketing purposes; for undertaking the necessary actions before the conclusion of the insurance contract, including the assessment of the insurance risk and the customer needs (adequacy of the offered product). Personal data can also be processed in terms of the fulfillment of the legal obligations assigned to the Insurer/Colonnade Bulgaria. It will always be the legislation in relation to the duly fulfillment of insurance activities that serve as grounds

for the processing, inclusive of complaint handling, approaching of tax, accounting and legal matters, fulfilment of statistical and actuarial duties and the consumer protection, as well as the processing could have its grounds in the legitimate interests of the Insurer/Colonnade Bulgaria amongst which but not exhaustive: the reduction of the insurance risk by means of reinsurance, prevention of damage occurrence to the Insurer/Colonnade Bulgaria by undertaking counteractions against an insurance crime, guarantee measures for the duly fulfillment of international sanctions through analysis and checks as well as undertaking actions against claims grounded in the activities of the Insurer/Colonnade Bulgaria. Personal data may be disclosed to third parties (inclusive of insurance companies, reinsurers, payment operators, parties providing direct services to the claimants, IT service providers, insurance intermediaries, experts, legal, tax and accountancy advisers, collectors of receivables) only in connection with the fulfillment of the aforementioned purposes and by the due fulfillment of the other requirements as provided by the effective legislation. of a written agreement (including,) and other subjects in connection with a reasoned purpose of the Controller). For the purposes of execution of the concluded insurance contracts, the personal data provided on electronic medium shall be stored on a server owned by the Insurer in Bulgaria (the city of Sofia) and in Slovakia (the city of Bratislava) as well it could be stored also in others countries within the EU and the European Economic Area.

6.3. Subject to being legally grounded the personal data may be disclosed to the following categories of recipients: persons/parties qualified as “personal data processor” within the meaning of § 1, item 3 of the Personal Data Protection Act; persons, bodies and institutions legally storing data regarding their solvency and payment readiness of the Insured/Policy Holder; third parties, institutions or organizations in cases where the disclosure is explicitly provided by law; third parties for statistical purposes; third parties, as agreed between the parties to the respective insurance contract. Subject to being legally grounded the personal data may also be used for direct marketing purposes. 6.4. The provision of their personal data by the Insured/Policy Holder shall be entirely free and voluntary. The refusal to provide personal data shall serve the Insurer/Colonnade Bulgaria as grounds to refuse the conclusion of an insurance contract or to undertake any other action if the lack of such data hinders either of them to undertake the necessary actions as required by law/the relevant internal rules and regulations, to make an objective assessment of the risk of the conclusion/execution of the insurance contract or otherwise endangers the fulfilment of the legitimate interests of the Insurer/Colonnade Bulgaria or the insurance/legal consequences aimed;

6.5.

Each person who has provided his/her personal data to the Insurer/Colonnade Bulgaria shall have rights: of access; to request correction/deletion of data or limitation of the processing in compliance with the effective

Bulgarian legislation. The data subject whose personal data has been provided to the Insurer/Colonnade Bulgaria shall have rights: of access, to request correction/deletion of data or limitation of the processing, to oppose processing transfer of data. Data subjects shall have the right to submit a complaint before the relevant data protection authorities (in Bulgaria – before the Personal Data Protection Commission, with address: 2, Prof. Tsvetan Lazarov Blvd., Sofia and in Luxembourg – before the National Commission of Data Protection, 1 avenue du Rock’n’Roll, L-4361, Esch-sur-Alzette). Data subjects shall have the right to withdraw the processing of personal data consent. Details on the rights and the mechanisms of their execution are available in the “Privacy Policy” published at <https://www.colonnade.bg/data-privacy-policy>

6.6. With the conclusion of the respective insurance contract, the Policyholder/the Insured person explicitly agrees that the personal data provided at the time of conclusion of the insurance contract be processed in the manner and for the purposes stated herewith and detailed in the “Privacy Policy”, which is published at <https://www.colonnade.bg/data-privacy-policy>, by performing an operation or a set of operations by automatic or other means, which operations, at the discretion of the Insurer/Colonnade Bulgaria, consist of collecting, recording, organizing, structuring, storing, adapting or modifying, retrieving, consulting, using, disclosing by transmission, dissemination or other means by which the data become available, arrangement or combination, limitation, erasing or destroying. The processing of personal data may also include the provision of personal data by the Insurer/Colonnade Bulgaria to third parties (including an entity established in a country which is not a Member State of the European Union and a Member State of the European Economic Area) for the purposes of the insurance, for the purposes of direct marketing and for statistical purposes.

6.7 Depending on the purpose, personal data will always be processed for periods not exceeding the ones provided by the effective Bulgarian legislation for the settlement of claims – voluntarily or through court proceedings. Personal data may only be transferred to data controllers in third countries (outside the European Union and the European Economic Area) in compliance with the effective applicable legislation.

6.8. You can contact the Insurer by contacting Colonnade Bulgaria by calling 0700 14 251 (+359 700 14 251) or by sending an email to: dpo@colonnade.bg. For any matter relating to your personal data processing, inclusive the exercise of your rights in relation to data processing, you may contact the Data Protection Officer at Colonnade Insurances S.A. – Bulgaria Branch (dpo@colonnade.bg).

To learn more about how the Insurer/Colonnade Bulgaria processes personal data, please visit <https://www.colonnade.bg/data-privacy-policy>

SECTION VII. GENERAL POLICY DEFINITIONS

Certain words in this policy have a specific meaning. They have this specific meaning wherever they appear in the policy, schedule, payment tables or endorsements and are shown in capital letter.

Insurer: „Colonnade Insurance S.A.– Bulgaria Branch with a seat and registered office: Republic of Bulgaria, 1407 City of Sofia, 51B Cherni vrakh blvd., floor 2, FairPlay International business center, UIC: 204603407, branch of Colonnade Insurance S.A. Registered in Luxembourg, 1, rue Jean Piret, L-2350 Luxembourg, the Grand Duchy of Luxembourg

Insured Person/ Insured: Any person up to age of 80 years shown in the Schedule as being an Insured Person. Cover applies until the end of the Period of Insurance in which the Insured Person attains the age of 80 years or the date upon which the Insured Person ceases being an Employee of the Policyholder, whichever occurs first unless otherwise agreed in writing by the Insurer.

Policyholder: The insured company, organization or individual that pays the Insurance Premium and is shown in the Schedule.

Accident: A sudden and unexpected event caused by visible and external means

Assistance Company: The assistance company authorized by the Insurer to act on its behalf with 24 hrs Emergency Helpline.

Beneficiary: In case of death of the Insured Person, the Beneficiary is, unless otherwise confirmed in writing by the Insured Person, a legal heir according to the laws of Bulgaria. For all other benefits, the Beneficiary is the Insured Person.

Bodily Injury: Injury to the body caused by an Accident which occurs during the Period of Insurance and not by any gradual cause. It does not include:

- Sickness, unless this results from injury to the body;
- post-traumatic stress disorder, a psychological or psychiatric illness or condition except incurable insanity where such condition is a direct consequence of an Accident.

Business Trip: Any trip undertaken primarily for the purpose of the Policyholder's business which commences during the Period of Insurance and is scheduled to last for a maximum duration of 180 days unless agreed otherwise in writing by the Insurer.

Child: Any child of the Insured Person who is unmarried and under 18 years of age or 24 years of age if in full-time education.

Daily Wage: For monthly paid Employees this will be calculated by dividing the Insured Persons Annual Salary by three hundred and sixty five.

Unconditional deductible: An amount established in the Insurance Policy (as a percentage or a fixed amount) or a period (in days or hours), up to the amount of which the Insured takes responsibility for the occurrence of an insured event for any damage under a certain coverage. The amount stated as the Unconditional Deductible will be deducted from any benefit payable under a particular cover. In cases where the unconditional deductible is established in days or hours, this term is defined as the Waiting Period.

Conditional deductible (Franchise): An amount shown on the Schedule as a percentage or a fixed amount for which the Insurer will not be responsible if the claim payment is below such percentage or fixed amount. If the claim payment is above this amount - the whole sum of the claim will be paid.

Employee: Any individual employed by the Insurer on a full-time, part-time, seasonal work, or for a fixed term, according to a written contract.

Insurance Act: Insurance Code of the Republic of Bulgaria.

Trip: Any transportation, which commences during the Period of Insurance, at a distance outside the boundaries of the Republic of Bulgaria with a scheduled duration of no more than 180 days (unless the Insurer agrees in writing), by regular transport, including but not limited to by road, rail, aircraft or vessel.

Medical Practitioner: Any suitably qualified and registered Medical Practitioner other than:

- a) an Insured Person;
- b) a member of the immediate family (spouse of the Insured Person, father, mother, grandmother, grandfather, brothers, sisters, relatives by marriage only by second degree and grandchildren) of an Insured Person;
- c) an Employee.

Operative Time: The period of time within the Period of Insurance during which the Policyholder or an Insured Person is covered by this policy (as outlined in the Schedule and described later in this policy wording).

Period of Insurance: The period shown in the Schedule.

Permanent Country of Residence: A country in which an Insured Person resides or has resided for a period of 6 months or longer in the previous 12 months.

Schedule/ Insurance Policy: The attached document showing details of the cover the Policyholder has bought.

Scheduled Flight: A flight which originates or ends at an internationally recognised airport according to the published schedule of an airline.

Sickness: Any fortuitous bodily illness or sickness, diagnosed during the Period of Insurance, but excluding any illness or sickness which arises out of a condition or defect for which medical treatment was advised, sought out, or should have reasonably been sought out, or received within 24 months before the date coverage began.

Sum Insured: The maximum amount of cover up to which the Policyholder or an Insured Person can claim.

Terrorism: An act, including threats of or actual force or violence by, of any person or group of persons, whether acting alone or on behalf of or in connection with any organisation or Government, committed for political, religious, ideological or ethical purposes or reasons including the intention to influence any government and/or to put the public or any section of the public in fear.

Usual and reasonable costs: Fees and charges where they are incurred, but not to include charges that would not have been paid if no insurance existed and excluding charges for medical treatment that is not medically necessary either within the Period of Insurance or during the Trip (whichever ends first).

War: Any activity arising out of, or attempt to participate in, the use of military force between nations, civil war, revolution and invasion, insurrection, use of military power or usurpation of government or military power, intentional use of military force to intercept, prevent, or mitigate any known or suspected act of Terrorism.

Policy Start Date: Date shown in the Schedule on which the insurance cover starts.

Policy Expiration Date: Date shown in the Schedule on which insurance cover is terminated.

Personal Data: Any data relating to a specific natural person, who can be identified by ID number or by one or more specific signs related to his/her physical, genetic, economic, mental, cultural and social identity.

Data Subject: Policyholder, Insured Person, Beneficiary, to whom Personal Data is relevant.

Scheduled Flight Accumulation Limit: The maximum amount the Insurer will pay in the aggregate under this and any other personal accident insurance issued by the Insurer in the Policyholder's name in respect of all Insured Persons suffering Bodily Injury in the same Scheduled Flight Accident or series of Scheduled Flight Accidents contributed to, caused by, or consequent upon the same original event.

Any One Accident Limit: The maximum amount the Insurer will pay in the aggregate under this and any other personal accident insurance issued by the Insurer in the Policyholder's name in respect of all Insured Persons suffering Accidental Bodily Injury in the same Accident or series of Accidents contributed to, caused by, or consequent upon the same original event.

Date of loss

a) For Sickness shall be the first date of diagnosis or the date the Insured Person first became aware of the sickness;

b) For Accident shall be the date of the accident.

Immediate Family Member: An Insured Person's spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; step or adopted children; step-parents; aunts, uncles; nieces, and nephews, who reside in the same country as the Insured Person.

Disaster: A natural phenomenon not subject to control by humans, resulting in damages such as, but not limited to, flood, storm, lightning, fire, explosion, landslide, volcanic eruption and / or earthquake.

Travel Period: A period of time during which an Insured Person is outside his/her place of residence, which period commences with the beginning of the Trip and ends when the Insured Person returns to his/ her place of residence. For one-way Trip, this period terminates upon arrival at the destination point of the Insured Person.

Place of Residence: A place that is used for residential purposes by the Insured Person and is located in a building at the permanent address of residence of the Insured Person.

Permanent Disability: Disability which prevents the Insured Persons from working in their usual occupation for the Policyholder or from performing other work or usual activities and which in all probability will continue for the remainder of their life.

Permanent Total Disability: Disability which totally prevents the Insured Persons from working in their usual occupation for the Policyholder or from performing other work or usual activities and which in all probability will continue for the remainder of their life.

Permanent Partial Disability: Disability which partially prevents the Insured Persons from working in their usual occupation for the Policyholder or from performing other work or usual activities and which in all probability will continue for the remainder of their life.

Medical Expenses: The Usual and reasonable costs incurred outside Bulgaria and an Insured Person's Permanent Country of Residence, for medical, surgical or other remedial attention or treatment given or prescribed by a Medical Practitioner and all hospital, nursing home and ambulance charges.

Emergency Travel Expenses: The additional expenses of economy class transport and accommodation expenses incurred by an Insured Person and up to two persons, who need to travel to, remain with, or escort an Insured Person including, at the discretion of the Insurer, a family member or business colleague.

Appointed Representative: Qualified lawyer or law firm (or analogous association for providing legal protection) appointed to represent an Insured Person. The appointed representative is appointed by the Insured Person to provide legal advice and/or represent him, but the Insurer has the right to propose an Appointed Representative to provide legal assistance and procedural representation to the Insured Person, when so requested.

Personal Property: Property owned by or in the custody or control of an Insured Person.

Carrier: Any licensed operator of a land, sea or air vehicle for the transportation of fare paying passengers.

Money: Coins, banknotes, telephone cards, traveler's checks, travel tickets belonging to or held or used by the Insured person and intended solely for Travel, food, accommodation, and personal expenses.

Extreme sports: Sports, the practice of which is associated with increased risk, such as the following, but not limited to: martial arts; self-defense sports; bungee jumping; helikis; off-piste skiing and snowboarding; heliboarding; mountain and rock climbing; speleology; motorcycling (except for driving amateur ATVs and mopeds); motor boat sports (except amateur jet skiing and motor boating); air sports (except those where the Insured's parachute is towed by a motor boat or water scooter); as well as participation in expeditions to places characterized by extreme climatic and/or natural conditions, such as deserts, high mountains (over 5,500 meters above sea level), semi-desert areas, the Arctic and Antarctic, jungles, territories with icy and snowy areas, requiring safety or protective equipment.

Sublimit: Limitation in the insurance policy on the amount of coverage for a certain type of insured event. The sub-limit is part of the total sum insured for a given cover, not in addition to it. It sets the maximum compensation that can be paid for a given type of damage.

Check - Secured book by which the issuer unconditionally orders another person (payer) to pay the amount of money stated in the check.

Business - A set of or self-employed activity that may be a trade, business or other business activity, including regular or unregulated working hours, and any other activity against which remuneration is earned.

Theft - Obtaining of a movable item from the possession of another person (who is the owner of the item) without his consent, the offender intending to unlawfully obtain the item.

Burglary - The removal of a foreign movable property from the possession of another person without his consent, the offender intending to unlawfully obtain the property and by destroying, damaging or undermining barriers firmly made to protect persons or property and / or By opening, breaking or damaging a locking device.

Property - Movable property (objects and belongings) that is used for personal and/or general needs in the Insured's household owned by the Insured Person or by a Family Member - member of the Insured's household and located in the Insured Person's place of residence.

Replacement price - The market price for buying a property of the same type and having similar characteristics and quality as the damaged item.

Colonnade Insurance S.A. – Bulgaria Branch:

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Insured:

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